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	MULTIPLE DEPENDENT CLAIM								SERIAL NO.				FILING DATE		
FEE CALC ^{**,*} ATION SHEET (FOR USE\H FORM PTO-875)								10/50612 APPLICANT(S,)							
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		ILED	AFTER 1 AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER		AFTER			
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TOTAL CLAIMS	27		25				TOTAL CLAIMS								
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